Section III: LEAP Expe						
<ol> <li>LEAP expenditures (both Fe family income of dependent or</li> </ol>	,	•		•	ts ("Income level of	recipient" means
	Dependent Student Recipients			Independent Student Recipients		
Income Level of Recipient	Number of Dependent Student Recipients	Total Federal Funds	Total State Funds	Number of Independent Student Recipients	Total Federal Funds	Total State Funds
\$0 to \$19,999						
\$ 20,000 to \$ 39,999						
\$ 40,000 and Over						
3. Totals	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Section IV: LEAP Recip	oient Informati	on				
4.a. Did your State award LEAP funds to graduate students during the report period? YES NO						
4.b. Check each student enrollment status box in which a student may be eligible to receive LEAP Program funds?						
Full Time 3/4 Time 1/2 Time Less than 1/2 Time						
<b>4.c.</b> Each State must fill in the data on the chart below in order to determine whether a state made a reasonable proportion of LEAP funds available to less-than-full-time students if the state's allocation was based in part on the financial need demonstrated by less-than-full-time students. If only full-time students were eligible in your state, you may skip this question.						
	Dependent Student Recipients		Independent Student Recipients			
Enrollment Status of Recipient	Number of Dependent Student Recipients	Total Federal Funds	Total State Funds	Number of Independent Student Recipients	Total Federal Funds	Total State Funds
Full-Time						
3/4 Time						
1/2 Time						
Less Than 1/2 Time						
4.c. Totals	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Section V: Certification	by Authorized	d Official of Ag	gency			
I CERTIFY that the information accounting and program reduced delegate for review. In addithe total expenditure of Fed reporting period.	cords of this ager	ncy. Upon reque ease to the U.S.	st, such records Department of E	will be made ava ducation for deol	ilable to the Seco oligation the diffe	retary or his rence between
5.a. Name of authorized official 5.b. Signature						
5.a. Name of authorized official	l		5.b. Signature			5.c. Date